Statement PhRMA

In Opposition to Connecticut Senate Bill 1050

March 2, 2009

Position: PhRMA respectfully opposes Connecticut Senate Bill 1050 because it would create a state-run, evidence-based prescription drug education program designed to influence physician behaviors based on cost. Additionally, this proposed counter-detailing program is not subject to Food and Drug Administration laws and regulations that protect patient safety.

Connecticut Senate Bill 1050 would create a state-run, counter-detailing program intended to reach out to prescribers in Connecticut. The proposed program would work with Connecticut universities and counter-detailing programs in other states to target physicians in the state based on their prescribing patterns and to encourage changes in prescribing patterns where the program administrators feel appropriate.

Generic dispensing rates in both the public and private sectors are already approaching 80%. Thus, a program whose main goal is to increase generic utilization only has a limited upside.

Given high rates of generic utilization and an expected $16 billion dollars in brand medicines going off patent and thereby having a generic copy available, a program that spends money to promote generics and lower-cost medicines will have a limited effect. Connecticut's Medicaid program and health plans already have significant tools, program designs, and public policies to limit drug costs. At the level of generic utilization that the state is already achieving, the only patients generally receiving branded medicines are those for whom there is no generic available.

PhRMA and its members are on the forefront of evidence-based medicine (EBM) and agree that it can be a powerful tool for improving patient outcomes, health care quality, and efficiency.

The proper use of EBM can support the development of sound practice guidelines that can assist physicians, patients, and other decision-makers in making optimal decisions about healthcare treatments and services. However, PhRMA opposes the inappropriate use of EBM and this program's intention to link evidence-based medicine and cost-effectiveness in an effort to counter the use of brand name prescription medicines. A treatment that seems less expensive in the short-run can be more costly in the long-run if it is not the best treatment for the patient. A program with recommendations that heavily emphasize costs may fail to consider other benefits afforded by improved drug therapies such as more limited side effects and easier dosing regimens. As an example, a program such as this would likely advocate a less expensive treatment that required to take a pill five times per day as opposed to a treatment that has been developed (or reformulated) so that a patient only had to take it twice per day. In a counter-detailing program's methodology, the outcome is the same so issues such as patient convenience and, therefore higher compliance rates, or more limited side effects are overlooked and cost is used as the determining factor.

Appropriate prescription-drug therapy enhances the quality and cost-effectiveness of medical treatment. The decision as to what constitutes appropriate therapy requires not only a thorough understanding of pharmacology but also a detailed knowledge of an individual's unique condition and medical history. The difference in active and inactive ingredients in a chemically dissimilar product can affect the action of other drugs and disease states, thus undermining the patient's entire therapeutic regimen. Accordingly, a treating physician, not a state detailer who is unaware of the patient's current medical condition, should make the important medical decision of which drug the patient should ultimately take. For elderly or other patients who take several medicines at the same time, failure to receive the most appropriate therapy the first time may have particularly adverse consequences.

EBM sometimes is used in inappropriate ways as a rationale to cut health care costs by restricting or denying access to treatment options.

For example, such efforts can single out physicians because of prescribing practices and impose access restrictions on patients when attempting to reduce state pharmacy budgets. If we want to improve quality and reduce costs, we should focus on quality improvement rather than line item cost reductions. Evidence reviews must be comprehensive and should not prevent physicians from prescribing the treatments that best meet the needs of the individual patient.

The information and materials developed and disseminated by pharmaceutical manufacturers must comply with FDA rules and regulation, as well as other federal laws. Information from counter-detailing programs are not required to meet any such standards.

Connecticut SB 1050 does not provide guidelines for how this evidence-based medicine education program will comply with federal law. Representatives from pharmaceutical companies must comply with Food and Drug Administration rules and regulations, as well as other federal laws. All counter-detailers and information developed and promoted by this state program should be subject to the same laws and regulations designed to promote patient safety as pharmaceutical companies.

For these reasons, PhRMA opposes Senate Bill 1050.